OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	κ: Mr.		First Name: Jaynesh				Middle Name:			
Last Name:		Name:	Singh					Suffix:			
Title:	Accounting Administrator II										
Complete Address:											
Street1: 1001 I Street											
Street2: 20th F			loor								
City:	City: Sacra		ento		State:	ate: CA: California					
Zip / Postal C		Code:	95814		Country:	Country: USA: UNITED ST		PATES			
Phone Number:		er:	(916) 322-2274			Fax Numb	oer:	(916) 322-9612			
E-mail A	E-mail Address:		Jaynesh.Singh@arb.ca.gov								
Payee: Individual authorized to accept payments.											
Name:	Name: Prefix: Mr.			First Name: Jaynesh			N	Middle Name:			
	Last	Name:	Singh					Suffix:			
Title:	Acco	ountin	g Administr	rator II							
Complete Address:											
Street	t1: [1001 I	Street								
Street2: 20th		20th F	loor								
City: Sacra		Sacram	ento		State:	State: CA: California					
Zip / Postal Code:		Code:	95814		Country: USA: UNITED STATE			TES			
Phone N	Phone Number:		(916) 322-2	2274	Fax Number:			(916) 322-9612			
E-mail A	Addre	ss:	Jaynesh.Singh@arb.ca.gov								
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).											
Name:	Name: Prefix:		s. First Name: Meena					Middle Name:			
Last Name		Name:	Ganesan					Suffix:			
Title: Accounting Administrator I											
Comple	te Ad	dress:									
Street	t1:	1001 I	Street								
Street	Street2: 20th Floor										
City:	L		acramento			CA: Califor	rnia				
Zip / Postal Code:		Code:	95814		Country:	USA: UNIT	USA: UNITED STATES				
Phone Number:		(916) 327-2	2963		Fax Numb	<u>er:</u> (9	16) 322-961	12			
E-mail Address:		Meena.Ganesan@arb.ca.gov									

EPA Form 5700-54 (Rev 4-02)

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name:	Prefix: Ms.		First Name:	Kasia				Middle Name:			
	Last Name	Turkiewicz						Suffix:			
Title:	Air Reso	ırces Engine	er								
Complete Address:											
Stree	t1: PO Bo	x 2815									
Street2:											
City: Sacrar		nento			State:	CA: Califo	rnia				
Zip / Postal Code:		95814			Country:	USA: UNI	FED STAT	ES			
Phone I	Number:	(916) 445-	6497			Fax Num	ber:	(916) 327-85	24		
E-mail /	Address:	Kasia.Turk	iewicz@arb.c	a.gov							